



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

G. PETER FOOX, MD

**Respondent Name**

ACE INSURANCE CO OF TEXAS

**MFDR Tracking Number**

M4-13-2709-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

JUNE 21, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** The requestor did not submit a position summary.

**Amount in Dispute:** \$1,363.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Per National Correct Coding Initiative Edits, CPT code 95910 is not separately reimbursable when billed with CPT code 95861. CPT code 95869 is reimbursable when billed with CPT code 95861 if billed with the 59 modifier."

**Response Submitted by:** ESIS

### **SUMMARY OF FINDINGS**

| Dates of Service  | Disputed Services                                | Amount In Dispute | Amount Due |
|-------------------|--|-------------------|------------|
| February 22, 2013 | CPT Code 95910<br>Nerve Conduction Studies (7-8) | \$1,200.00        | \$0.00     |
|                   | CPT Code 95861<br>Needle EMG                     | \$0.00            | \$0.00     |
|                   | CPT Code 95869<br>Needle EMG                     | \$163.00          | \$0.00     |
| TOTAL             |  | \$1,363.00        | \$0.00     |

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, 33 *Texas Register* 364, sets the reimbursement guidelines for the disputed service.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - Previous recommended payment amount on line: \$0.

- 082-Per National Correct Coding Initiative Edits, this code is not separately reimbursable.
- 330-CCI Comprehensive/Component procedure.
- 402-The appropriate modifier was not utilized.
- 236-This procedure or procedure/modifier combination is not compensable with another procedure or procedure/modifier combination provided on the same day according to NCCI edits or work comp state regs/fee schedule requirements.
- CIQ378-This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.

### **Issues**

1. Is the allowance for CPT code 95910 included in the allowance of code 95861?
2. Is the allowance for CPT code 95869 included in the allowance of code 95861?

### **Findings**

1. According to the explanation of benefits, the respondent denied reimbursement for CPT code 95910 based upon reason code "082". The respondent states in the position summary that "Per National Correct Coding Initiative Edits, CPT code 95910 is not separately reimbursable when billed with CPT code 95861."

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Per CCI edits, CPT code 95910 is a component of code 95861; therefore, reimbursement is not recommended.

2. The respondent states in the position summary that payment for code 95869 was denied because "95869 is bundled to 95861 absent a modifier".

Per CCI edits, CPT code 95869 is a component of code 95861, a modifier is allowed to differentiate the service. A review of the requestor's billing finds that a modifier was not appended to code 95869 to differentiate the service; therefore, code 95869 is a component of 95861. As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due for the specified services. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

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Signature

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Medical Fee Dispute Resolution Officer

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12/19/2014

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**